

REPORT OF FACILITY CHANGES/ADDITIONS

Please note any changes and submit this form to DWI Services within 10 working days of any change/addition. Attach documentation as necessary.

Facility: _____ **DWI Facility Code:** _____

Mental Health License #: _____ **Expiration Date:** _____

Facility/Staffing Info	Does information need to be changed/added?	If checked <u>YES</u> , indicate change(s) below
Facility name	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Mental health license/exp date	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Location	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Mailing address	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Telephone	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Fax #	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Email	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Facility website	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Owner/management entity	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Clinical director	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
Direct care staff	Change <input type="checkbox"/> yes <input type="checkbox"/> no	Name _____ Job Title _____ Must send NCSAPPB credentials
Contact person for DWI	Change <input type="checkbox"/> yes <input type="checkbox"/> no	Name _____ Job Title _____
Hours of operation	Change <input type="checkbox"/> yes <input type="checkbox"/> no	
DWI program components	Change <input type="checkbox"/> yes <input type="checkbox"/> no	

Signature (Administrative Director): _____ Date: _____

Name/Title: _____

Please fax to DWI Services – 919-508-0963

Mail to: NC Division of MH/DD/SAS
Justice Systems, DWI Services
3008 Mail Service Center
Raleigh, NC 27699-3008
ATTN: Lynn Jones